



The Compass Education Foundation provides financial assistance to San Luis Obispo County and Santa Barbara County residents for the purpose of pursuing education and training for a career in the healthcare profession. Scholarships are decided on a competitive basis which considers academic achievement, extracurricular activities, and the applicant's personal aspirations, goals and financial need. Scholarships are awarded without regard to race, gender or religion.

Helpful Information:

1. Application must be received no later than 5:00pm on the due date.
2. Applicant must meet all eligibility criteria (below) to be considered.
3. INCOMPLETE applications will be disqualified. Refer to the application checklist below for a list of supporting documents needed. All items must be turned in together for the application to be considered as complete.
4. Applications must be typed or printed legibly.
5. All applicants will be notified by mail, whether they have received a scholarship or not in April for Spring applicants and September for Fall applicants.

Mail Applications to:

Compass Education Foundation
200 South 13th Street, Suite #208
Grover Beach, CA 93433

Fax Applications to:

(805) 473-8766
Attention : Compass Education Foundation

Criteria for Eligibility:

1. Reside on the Central Coast (San Luis Obispo County or Santa Barbara County).
2. Be enrolled in an accredited college, as a full time or part-time student, seeking a healthcare-related certification or degree, or be able to show proof of costs associated with attendance at an accredited college, seeking a healthcare-related certification or degree, within the last year.
3. Have a minimum cumulative grade point average of 2.0 or higher.
4. Demonstrate a strong financial need.
5. Demonstrate strong leadership abilities and moral character.
6. Demonstrate plans for working on the Central Coast after completing their education.
7. Show potential to bring diversity to the local healthcare workforce.

Application Checklist:

- Completed Application
- Transcript from current institution and prior learning institutions (unofficial transcript accepted - include highschool transcripts if you have not yet attended a college institution)
- Written verification of acceptance from learning institution into healthcare program.
- Personal statement
- Letters of recommendation (minimum of two letters, one professional and one personal)

Applicant Information :

Last Name	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone	<input type="text"/>	Alt. Phone	<input type="text"/>
		Email	<input type="text"/>
		Certification	<input type="text"/>

Previous Educational Information :

List in order, beginning with most recent, last high school and all college or training/certification programs you have attended.

Institution Name	Address	Major / Certification	Dates Attended	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other

Current Educational Information :

Please attach a copy of your most current academic transcripts.

Institution	<input type="text"/>		
Address	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Major / Certification	<input type="text"/>	Expected Date of Completion	<input type="text"/>
Degree	<input type="text"/>	GPA (if applicable)	<input type="text"/>
Other	<input type="text"/>		

Financial Information :

List expenses you expect to incur per semester or quarter. (approximate figures acceptable) :

Tuition and Fees	<input type="text"/>	Describe other Expenses	<input type="text"/>
Books	<input type="text"/>		
Medical Supplies	<input type="text"/>		
Other	<input type="text"/>		
TOTAL	<input type="text"/>		

List other financial assistance you will receive per semester or quarter. (approximate figures acceptable) :

Employment	<input type="text"/>	Describe other Assistance	<input type="text"/>
Grants	<input type="text"/>		
Student Loans	<input type="text"/>		
Scholarships	<input type="text"/>		
Family Assistance	<input type="text"/>		
TOTAL	<input type="text"/>		

Please provide the following financial information :

1. During the next academic year, you would need financial aid from : Month to Month
2. Will you work during the above time period? NO YES Part time Full time
3. Have you received financial aid in the last twelve months? NO YES
4. If yes, what was the source of the aid and the amount you received?

Personal Statement/Essay:

Answer the questions below on a separate page (at least one paragraph, no more than 350 words per question) and attach. Answers should be typed and double spaced.

1. What are your educational and professional goals and objectives? (Include your specific area of study)
2. What volunteer work, internships, employment or other experiences have you had in your area of study? What have you gained from these experiences? (Include examples of leadership abilities and skills)
3. What would you like to be doing in terms of work, community service and your personal life, ten years from now? How do you plan to work toward those goals in the next ten years?
4. Describe a contribution you have made to your community or how your education will allow you to contribute to your community.
5. What are aspects of your life that should be considered? Examples include financial, family or personal circumstances.

Applicant Agreement :

With my signature, I certify that the aforementioned information is true, complete and accurate. I understand that I agree to meet all eligibility criteria and to work in a healthcare setting for the first two years following my program completion/graduation. I hereby authorize the release of any information from any source disclosed in my application to confirm and/or verify this application.

If selected for a scholarship, I understand that I am required to submit a "Thank You" letter addressed to the scholarship donors or a testimonial to the Compass Education Foundation to be used in CEF publications, media and advertising. Thank you letters should be mailed to the Compass Education Foundation. Additionally, I understand I am required to attend the Annual Scholarship Reception.

I, the undersigned, authorize The Compass Education Foundation ("CEF"), its officers, agents, and employees, to obtain my private academic information including but not limited to information on my college application acceptance status. I authorize the release of information from previous or current educational institutions and their representatives.

Initial : _____

Printed Name : _____

Signature : _____

Date : _____